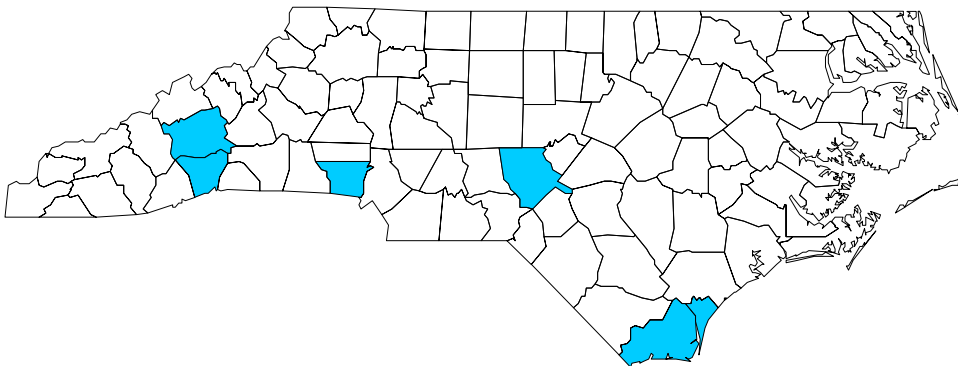




Aging Study of Brunswick, Buncombe, Gaston, Henderson, Moore, and New Hanover Counties—A Response to Section 1 of S.L. 2007-355

STATE REPORT



April 1, 2008

North Carolina Department of Health and Human Services
Division of Aging and Adult Services



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Overview

This report summarizes the work of the Division of Aging and Adult Services (DAAS), of the NC Department of Health and Human Services, in responding to the legislative request of the 2007 General Assembly for a study of six counties relative to the aging of their populations and the availability and need for programs and services. The report gives an overview of the legislative request and the approach that DAAS took in preparing the study. It also contains a copy of the individual reports prepared for each of the six counties that are being submitted to their respective Board of County Commissioners. This executive summary gives an overview of what was presented in the county reports and also offers a comparative discussion of the six counties in terms of their demographics and projected growth, current programs and expenditures, and their future service needs and the projected cost of meeting them. This summary concludes with some observations and recommendations for a more comprehensive study of the aging of North Carolina, as previously presented in a related report submitted to the General Assembly in January 2008.

Legislative Request

Section 1 of S.L. 2007-355 directed the Department of Health and Human Services, Division of Aging and Adult Services (DAAS), to work with the Division of Health Service Regulation; Division of Medical Assistance; Division of Public Health; and Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to study programs and services for older adults in Brunswick, Buncombe, Gaston, Henderson, Moore, and New Hanover counties. These counties currently have, or are projected to have by 2030, the largest numbers of individuals age 60 and older when compared to individuals age 17 and younger. In conducting the study, the Division was directed to utilize existing data and resources and to include the Area Agencies on Aging serving each county studied. For each of the six counties, the Division was to include:

1. A profile of the current older adult population.
2. A profile of the projected growth for the older adult population.
3. An assessment of the anticipated impact on programs and services that address the needs of the older adult population.
4. Identification of programs and services that are currently in place.
5. Identification of programs and services that are needed to meet the growth projections.
6. Current funding sources for programs and services serving the older adult population.
7. Anticipated funding needs for programs and services serving the older adult population.
8. A delineation of the programs and services that are shared or offered jointly with another county.

The General Assembly further directed DAAS to make an interim report on the study to the North Carolina Study Commission on Aging on or before November 1, 2007, which was done. This State Report meets the other legislative requirement for a final report of the findings and recommendations to be submitted to the 2008 Regular Session of the 2007 General Assembly, the NC Study Commission on Aging, and to the Board of County Commissioners of each county studied.

In addition, S.L. 2007-355 directed DAAS to offer recommendations for a comprehensive, statewide study after examining what other states have done. DAAS submitted its report on this to the General Assembly in January and presented recommendations to the Study Commission on Aging at its first meeting in 2008. This report of recommendations for a statewide study is available on the DAAS website at <http://www.ncdhhs.gov/aging/demographic/agingstudy.htm>.

Approach

In undertaking this study, the Division of Aging and Adult Services (DAAS) followed the instructions given by the General Assembly in profiling each of the six counties. North Carolina's older population is not only increasing but is truly diverse. To reflect the diversity of North Carolina's communities and the needs of its older adults, the livable and senior-friendly concept was utilized to frame a number of tables and charts in this study. The livable and senior-friendly community initiative provides a very practical, tested framework to enable places in North Carolina, regardless of their size, to respond to the changing and unique needs, wants, and assets of their older population as well as to accommodate residents of all ages.

The profile of the current older adult population and their projected growth was pulled from existing data that DAAS regularly maintains for the purposes of local, regional, and state planning. DAAS has produced charts and tables showing population growth, including projections between 2000 and 2030 utilizing current U.S. Census information. In addition, DAAS consulted with Dr. Jim Mitchell and Dr. Don Bradley of East Carolina University to examine the volume and composition of later-life migration flows into the six counties. They also examined how later-life migrants compare to seniors already living in these counties. North Carolina has a number of experts in Gerontology whose contribution to the larger study envisioned by the General Assembly in Section 2 of S.L. 2007-355 would be invaluable.

In order to identify programs currently available, funding sources, as well as, projected future needs, DAAS used several existing resources to begin framing part of the profile, including the (1) *County Aging Profiles*-<http://www.ncdhhs.gov/aging/cprofile/cprofile.htm>; (2) *County Data Packages*-<http://www.ncdhhs.gov/aging/expenddata.htm>; and (3) *Inventory of State Resources for Older Adults*-http://www.ncdhhs.gov/aging/stplan/NC_Aging_Services_Plan_2007.pdf.

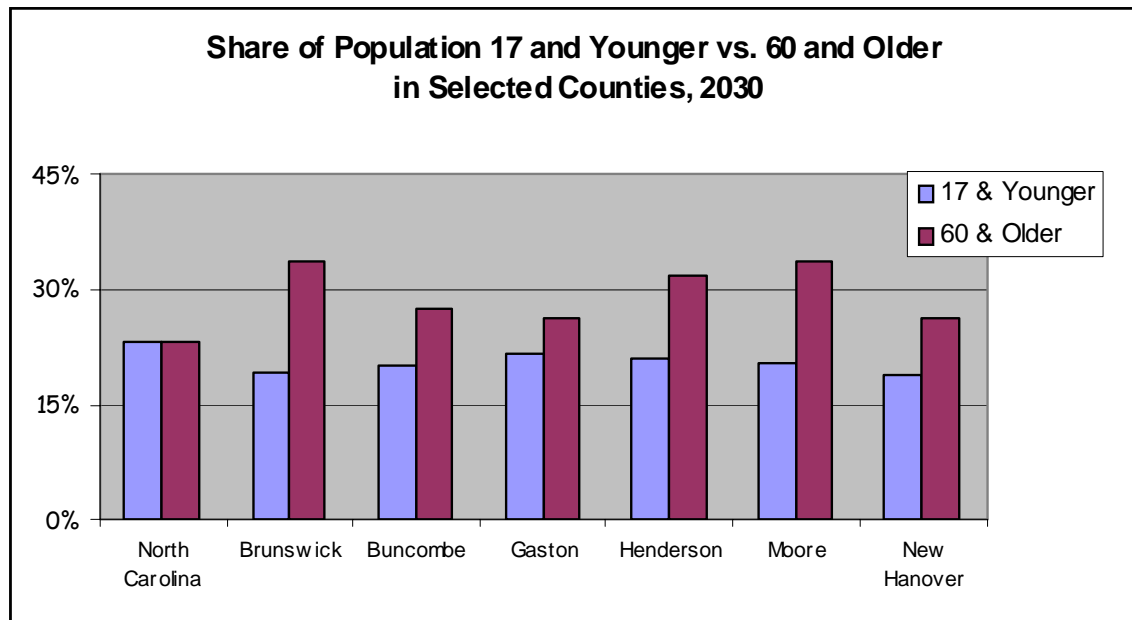
DAAS worked closely with each Area Agency on Aging (AAA) serving the six study counties to assess priority concerns. The AAAs used assessment tools that are part of the *2008-2012 Area Plans on Aging*. AAAs also identified local surveys and plans that are relevant to assessing available and needed programs and services.

In addition, DAAS requested relevant information and views from all appropriate Department of Health and Human Services divisions (i.e., Division of Medical Assistance; Division of Public Health; Division of Social Services; Division of Health Service Regulation; Division of Mental Health, Developmental Disabilities, and Substance Abuse Services; Division of Vocational Rehabilitation; Division of Services for the Blind; Division of Deaf and Hard of Hearing; etc.) about the availability and adequacy of programs and services for each county being

studied. These divisions also provided information about special initiatives relative to these counties.

Demographics and Projected Growth

The General Assembly identified the six counties included in the study mandated by Session Law 2007-355 primarily because they were ones that have, or are projected to have by 2030, the largest numbers of individuals age 60 and older when compared to individuals age 17 and younger. In fact, the General Assembly cited in the Bill that “in 2005, 28 counties in North Carolina had more persons age 60 than persons age 17 and younger, and of those counties, Henderson, Brunswick, and Moore Counties had the largest number of 60+ persons.”



It also noted “that by 2030, 75 of North Carolina’s counties will have more persons age 60 and older than 17 and younger.” While this common characteristic of the six counties is noteworthy, it is but one of many indicators of the aging of North Carolina’s population. As suggested in the interim report submitted by DAAS in October 2007, in some ways these counties are not especially representative of the state’s aging experience.

Below are some comparative findings among the six counties and relative to the state, as presented in the profile prepared for each county.

- All six counties currently have a higher proportion of their population who are age 60 and older than is the case statewide; the same is projected for year 2030. In 2005, 16.4 percent of the state’s population were persons age 60+. Among the six counties, this ranged from a high of 27.4 percent in Moore County to 17.5 percent in Gaston County. While the state figure for 2030 is projected at 23.3 percent, the counties range from 33.9 percent in Moore to 26.5 percent in Gaston.

- In examining the projected rate of growth in the population 60+ over the next four years (2008-2012), half of the counties—Brunswick, Buncombe, and New Hanover—are expected to exceed the state rate of 11.13 percent. The growth rate varies among the six counties from 18.1 percent for Brunswick to 9.4 percent for Moore. In examining the growth rate for the period 2006-2030, only two counties—Brunswick and New Hanover—are projected to have a higher rate than statewide for the population groups age 65-84 and age 85 and older (Henderson County's is nearly the same for the state vis-à-vis the group 85+).

Projected Increase in Population Age 60 and Older (2008-2012)

	2008	Population Increase								2012
	60+ Pop	2008 - 2009		2008 - 2010		2008 - 2011		2008 - 2012		60+
County	(Base Year)	#	%	#	%	#	%	#	%	Population
Brunswick	28,540	1,621	5.7%	2,922	10.2%	3,927	13.8%	5,173	18.1%	33,713
Buncombe	48,324	1,412	2.9%	2,769	5.7%	4,058	8.4%	5,607	11.6%	53,931
Gaston	37,751	1,016	2.7%	2,022	5.4%	2,950	7.8%	3,998	10.6%	41,749
Henderson	29,193	820	2.8%	1,614	5.5%	2,250	7.7%	2,987	10.2%	32,180
Moore	24,176	630	2.6%	1,211	5.0%	1,687	7.0%	2,264	9.4%	26,440
New Hanover	36,937	1,666	4.5%	3,042	8.2%	4,419	12.0%	5,967	16.2%	42,904
North Carolina	1,583,636	50,576	2.81%	100,684	5.57%	147,881	8.15%	202,069	11.13%	1,785,705

- As of 2008, all six counties had a lower percent of their 60+ population estimated to be living at or below poverty (ranging from 8.2 percent in Henderson County to 11.3 percent in Gaston) than is true statewide (12.4 percent). These counties also had a lower percent of their older population who are minority (ranging from 2.4 percent in Henderson to 13.2 percent in New Hanover) as compared to the state (17.9 percent). There is considerable variance in terms of the rurality of the older populations of these counties—ranging from 4.5 percent in New Hanover to 66.4 percent in Brunswick (as compared to 43.5 percent for NC).

2008 County Profiles of Percentage of Persons Age 60 and Older

COUNTY	% of 60+ Poor*	% of 60+ Minority*	% of 60+ Rural*	% of 60+ Poor Minority*	% 60+ Native Americans**	% of 60+ Severe Disabilities***	% of 60+, who are 70+
Brunswick	8.5	8.6	66.4	0.7	0.2	8.5	45.1
Buncombe	10.1	6.1	29.2	0.6	0.1	10.9	52.5
Gaston	11.3	10.6	22.2	1.2	0.1	10.7	49.8
Henderson	8.2	2.4	46.8	0.2	0.1	9.9	55.9
Moore	9.6	9.7	59.0	0.9	0.2	11.2	56.4
New Hanover	8.8	13.2	4.5	1.2	0.1	10.1	48.8
North Carolina	12.4	17.9	43.5	1.2	0.6	11.3	49.6

- Further evidence of the generally higher socio-economic status of these six counties comes from information contained in their statistical profiles.

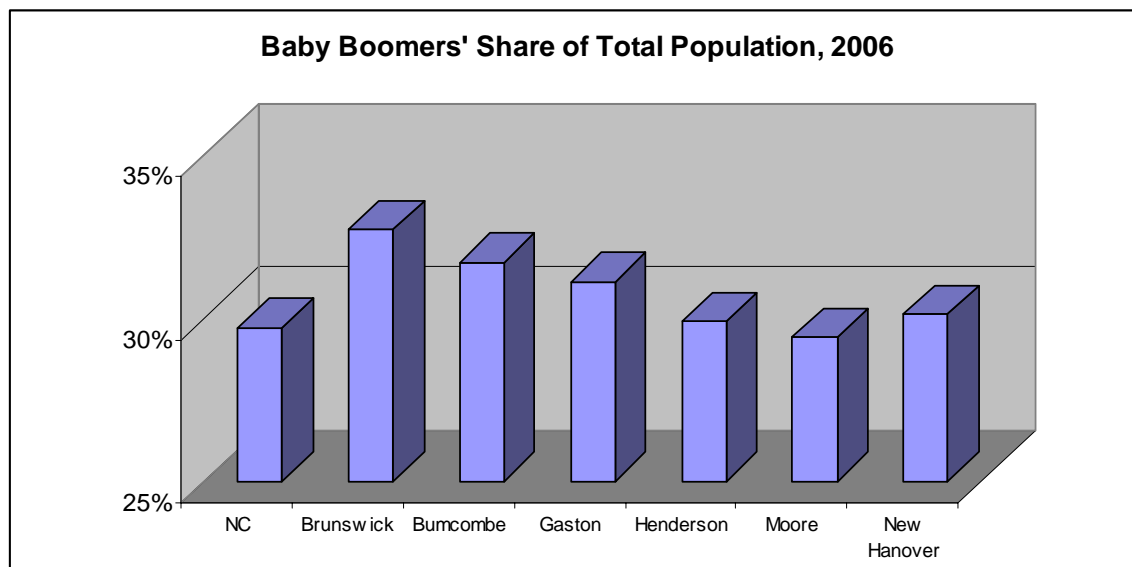
None of the six counties are designated as ‘*whole-county* shortage areas’ for either primary medical care or dental care, even though only Moore County has no area that is short of primary medical care or dental care. The median household income for age groups 65-74 and 75+ exceed the comparable statewide figure in all but Gaston County. The average monthly Social Security funding received by beneficiaries age 65+ exceeds the statewide average in all six counties. Five of the counties have a lower proportion of their population age 65+ without a high school diploma, as compared to the state figure of 41.6 percent—the exception is Gaston with a percentage of 52.2%. Five of the counties have a lower percentage of persons 65+ who were living alone as of 2000, than is true statewide (28.3 percent)—the exception being Buncombe at nearly the statewide figure (28.7). Buncombe was also the only exception in terms of having a higher percent of older households (age 75+) without a car (22.1 percent in Buncombe, compared to the statewide figure of 21.3 percent). It is probably not surprising given the association between socio-economic status and disability, that all but Gaston County have a higher percentage of community-dwelling persons 65+ reporting no disabling conditions than is the case statewide (54.3 percent)—Gaston’s figure is 50.4 percent. Because vision loss is a specific impairment that can present multiple issues for older persons, the Division of Services for Blind has provided statistics for each of the six counties showing the number of persons age 55+ with a visual impairment.

Socio-economic Indicators of Six Selected Counties vs. North Carolina

	NC	Brunswick	Buncombe	Gaston	Henderson	Moore	New Hanover
Persons age 65+ with no disabilities	54.3%	59.6%	58.5%	50.4%	63.9%	66.0%	57.5%
Median household income for age groups 65-74	\$28,521	\$32,327	\$29,940	\$24,564	\$32,707	\$41,540	\$38,487
Median household income for age groups 75+	\$19,303	\$21,230	\$22,268	\$18,750	\$26,957	\$33,822	\$25,242
Average monthly social security amount received by 65+	\$786	\$795	\$790	\$823	\$821	\$828	\$838
Population age 65+ without a high school diploma	41.6%	31.0%	31.4%	52.2%	22.5%	21.0%	27.4%
Labor Force Participation Rate 65+	14.4%	13.7%	12.4%	14.4%	11.3%	14.5%	13.6%
Unemployment rate of persons age 65+	8.3%	4.9%	4.7%	4.7%	10.8%	21.8%	4.9%
Persons 65+ who were living alone	28.3%	22.0%	28.7%	27.6%	24.0%	21.0%	27.9%
Older households (age 75+) without a car	21.3%	16.8%	22.1%	17.5%	12.4%	10.1%	20.2%

Source 2000 Census data.

- Only one county—Gaston—is reported to have had ‘code orange’ days in 2006 presumed to be ‘unhealthy for sensitive groups.’ Interestingly, Gaston had the highest death rates for chronic lower respiratory diseases and for pneumonia and influenza as compared to the other five counties and the state as a whole during 2002-2006. In fact, Gaston’s death rates for the top ten causes of death for its population age 65-84 exceeded the state rate relative to seven of the causes, and it had the highest rates for nine of the top ten causes in comparison to the other five counties—the one exception being Alzheimer’s disease. Its overall death rate for persons 65-84 exceeded the state figure and exceeded all of the other counties except for Moore, which has a similar rate of 4,215 per 100,000 population. Gaston is one of the three counties among the six with an overall death rate for the population age 85+ that exceeded the state figure. These comparative statistics for Gaston may also be related to the socio-economic status of its older population.
- All six counties have a higher percentage of their population age 65+ who are Veterans, as compared to the statewide figure (26.8 percent)—ranging from Brunswick (36.9 percent) to Gaston (27.3 percent).
- As far as the future of aging, five of the counties had a higher percentage of their total population who are baby boomers (born between 1946 and 1964), as of 2006, than is the case statewide (29.7 percent)—the exception is Moore County with a slightly lower percentage (29.4). Leading the six counties in terms of the proportionate share of its population who are boomers is Brunswick (32.7 percent).



The aging of the baby boomers is one of the factors associated with North Carolina's dramatic demographic shift. Another factor is the migration of retirees to North Carolina. As of the 2000 Census, North Carolina ranked third among states in the net-migration of retirees. The contributions of Dr. Don Bradley and Dr. Jim Mitchell of East Carolina University to this report highlight aspects of this trend and suggest important implications for North Carolina of retirees moving to our state and within our state. Here are a few findings contained in their report on Later-Life Migration Flows:

- Later-Life Migrants-defined as non-institutionalized persons age 60 and older who report having moved across state lines are consistently overrepresented in the Coastal and Mountain regions of North Carolina. Henderson, Brunswick, and New Hanover counties especially have large shares of North Carolina's later-life in-migrants. For example, the Henderson County area received more than twice as many later-life migrants in 2000 and 2006 than would be expected based on the percentage of older North Carolinians living in this area.
- The ECU researchers suggest that "the impact of older migrants for receiving communities is only partly a function of the number of new arrivals, equally important are the characteristics of older in-migrants." They report that "later-life migrants born outside North Carolina as compared to resident seniors, are somewhat younger, less likely to be disabled, twice as likely to have a college degree, and report substantially higher family income." This certainly seems to be the case when examining the data for the six counties—with the possible exception of Gaston.

Current Programs and Expenditures

While North Carolina has many programs, services, and supports available to seniors and their family caregivers, there is considerable variance throughout the state in terms of their availability. This variance is evident even among these six counties. In applying the eight components of the livable and senior-friendly community framework introduced in the *2007-2011 State Aging Services Plan*, the DAAS identified 26 core indicators to illustrate some of the activities, programs, and services that support such a community. It further developed a set of criteria to evaluate the status of each of the six counties in terms of these core indicators. Henderson County was found to be the most livable and senior-friendly in terms of these indicators, judged to have 17 of the 26 elements. In contrast, Brunswick and Moore counties had the fewest (9), followed by Gaston (12), New Hanover (15), and Buncombe (16). Only 3 of the 26 indicators were present in all six counties—local law enforcement officers trained to investigate alleged crimes against long-term care residents (Project S.A.F.E.), the presence of Senior Centers, and appointed representatives for the Senior Tar Heel Legislature. Even among these three indicators, there are differences in status. For example, three of the six counties—Buncombe, Moore, and New Hanover—have multipurpose Senior Centers that have achieved voluntary state certification status as either Centers of Merit or Centers of Excellence. Gaston County's senior center is still in development. For three of the core indicators, none of the six counties were found to have the activity, program or service, and for another six indicators, only one or two counties were participating. It is certainly true that some of these indicators reflect demonstrations or new and emerging programs (e.g., Aging and Disability Resource Connections, the Adult Care Home Quality Improvement Consultation Program, NC NOVA, Project C.A.R.E., and mobile dentistry). Still, in a few instances, the general absence of the indicator is telling and concerning. For example, when comparing the relative amount spent by Medicaid in 2007, on home-based care to that spent for nursing home care for persons age 60 and older, all six counties showed a rate less than that for the state as a whole (46.9 percent). In another example, New Hanover is the only county among the six with a Food and Nutrition Services (formerly Food Stamps) utilization rate higher than the state's for eligible persons age 65 and older, and the state rate itself is quite low (30.4 percent). And only two of the six counties—Buncombe and Henderson—have citizen-driven local Aging Leadership Planning Teams that can identify and advocate for improvements in programs, services, and supports to aid seniors and their families. These are the same two counties that have produced aging planning reports over the past few years to guide their future work.

Common characteristics as well as differences among the six counties were also found in an examination of information made available through the Divisions of Aging and Adult Services, Medical Assistance, Health Service Regulation, and Services for the Blind. Here are some of the more prominent findings:

- According to the Division of Medical Assistance, all but Henderson County had persons on the wait list for the Community Alternatives Program for Disabled Adults (CAP/DA). It is especially noteworthy that Brunswick County had as many persons on the wait list (70) as it had allocated slots (70). The CAP/DA program provides an alternative to nursing facility care. Wait list information about services under the Home and Community Care Block Grant (HCCBG) is also available in the county reports. Typically, the wait list for in-home aide services and home-delivered meals are the longest among the 18 fundable HCCBG services. These two services are especially important to helping individuals remain in the community.

- In examining the change in expenditures from fiscal years 2006 to 2007 for persons age 60 and older, several services showed an increase across all counties while several others showed a decrease. A major increase was evident in the federal Low-Income Energy Assistance Program administered by the Division of Social Services through County Departments of Social Services. Significant increases were also evident in several services funded by Medicaid for persons with mental illness and developmental disabilities, including the Community Alternatives Program for Persons with Mental Retardation (CAP/MR) and Other Practitioners (which included the Community Support Service). Other services showing an increase in most of the six counties were home-delivered meals, hospice, and independent living services (under the Division of Vocational Rehabilitation). On the other hand, in all counties, expenditures for nursing homes showed a decline. The same was nearly true for congregate nutrition, with Gaston County being the one exception. Expenditures for adult day care were also noted to decrease in three of the four counties where public funds were expended.

- The information on the Long-Term Care Ombudsman Program should also be of interest to the counties as it tracks complaints received about the quality of life and quality of care for residents in adult care homes and nursing homes over the past three years. More information about the nature of these complaints can be secured from the State or Regional Ombudsmen (see <http://www.ncdhhs.gov/aging/ombud.htm> for contact information).

Assessment of Future Needs and Projected Cost Estimates

One of the requirements of the six-county study is to identify programs and services to meet the needs of the growing senior population and estimate the funding requirements as well. Assistance in this assessment was provided by Area Agencies on Aging and by other divisions within the Department of Health and Human Services.

The most definitive determination is that of the 2008 State Medical Facilities Plan produced by the Division of Health Service Regulation. The Division of Health Service Regulation concluded for all six counties that there is not a need for any additional nursing home or adult care home beds, nor any need for additional Medicare-certified Home Health agencies or offices. While it also did not find a need for additional Hospice Home Care offices in any of the six counties, the Plan established that three of the six counties—Brunswick, Gaston, and Henderson—each has a need for seven additional inpatient Hospice beds.

Summary of Need Determination-2008 North Carolina State Medical Facilities Plan

County	Adult Care Home Beds	Nursing Home Beds	Home Health Agencies or Offices	Hospice Home Care Offices	Inpatient Hospice Beds
Brunswick	0	0	0	0	7
Buncombe	0	0	0	0	0
Gaston	0	0	0	0	7
Henderson	0	0	0	0	7
Moore	0	0	0	0	0
New Hanover	0	0	0	0	0

Source: Division of Health Services Regulation

From the survey work of the Area Agencies on Aging and their local partners, it is possible to get a glimpse of major concerns about the livability and senior-friendliness of the six counties that must be addressed now and well into the future. Areas of high concern identified by stakeholders in all six counties are organized below by the eight components of the livable and senior-friendly community framework. Sample respondent comments bring a personal feel to the concerns.

Top Areas of Concern Identified by Survey of Livability and Senior-Friendly Communities in the Six Studied Counties

Area	Item	# of Counties that reported concern (out of six)
Physical & Accessible Environment	Housing & Utilities	6
	Transportation	6
Healthy Aging	Preventive Care	5
Economic Security	Health Care Cost	5
Technology	Assistive & Adaptive Devices	6
	Medical Alert	6
Safety & Security	Fraud & Exploitation	5
	Outreach to Isolated & Vulnerable	5
Social & Cultural Opportunities	Community Sensitivity	5
Access and Choice in Services and Supports	Caregiver Support	4
	Home and Community Services	4
Public Accountability and Responsiveness	Planning and Coordination	4
Source: Survey conducted by Area Agencies on Aging and their local partners, 2008.		

Physical and Accessible Environment

- Seniors cannot afford the basic maintenance for minor home repair. The minor turns major and impacts the senior's safety. [Brunswick respondent]
- The electric, oil and gas prices are astronomical in comparison to the monthly Social Security check. [Brunswick respondent]
- Transportation is a problem now and as gas prices rise will become more limited or more expensive. Without an integrated transportation system, seniors of this county will not be able to continue an active lifestyle. We will all reach a non-driving age eventually; yet there's no transportation to get to markets or medical appointments or to meet social needs. [Moore respondents]

Healthy Aging

- Need more in the way of education on healthy aging. [Brunswick respondent]
- Need to emphasize a comprehensive approach to preventive care that includes nutrition, wellness, and social connectedness. [Henderson respondent]

Economic Security

- Health care insurance costs are becoming prohibitive for some folks. Long-term care costs will rise. [Moore respondent]

Technology

- There is a need for medical alert devices to be available to all seniors. In-home monitoring services need to be more widely available and affordable. [Brunswick respondents]
- Medical alert systems are a significant step in allowing notification of emergency responders when necessary. [Moore respondent]

Safety and Security

- I am seeing an increased number of criminal cases involving exploitation—just last week two caregivers pled guilty and are now required to pay back all monies to the victims. [Brunswick respondent]
- Some people take advantage of elderly persons living alone by taking their money and home with promises. [Moore respondent]

Social and Cultural Opportunity

- I think [there] is still a ways to go as far as sensitivity to aging is concerned. [There needs to be greater awareness that] not all older adults are healthy and wealthy. [Moore respondents]

Access and Choice in Services and Supports

- Need for home and community services, including information and assistance, Senior Centers, and legal services. [Henderson respondent]
- There is no elder day care available in the county. Lack of such a program (at any cost) resulted in my husband's admission to an assisted living facility. [Moore respondent]

Public Accountability and Responsiveness

- Assessments of aging residents are vital to the community. [Moore respondent]

The Area Agencies also surveyed a diverse group of stakeholders to assess concerns vital to developing a comprehensive and coordinated system for supportive services, nutrition services, multipurpose senior centers, health care, and residential care. The areas of high concern relative to each of these service system components are identified below, along with sample respondent comments.

Areas of Concern Vital to Comprehensive Program for Aging

Area	Item	# of Counties that reported concern (out of six)
Supportive Services	Adult Day Care	3
	Adult Day Health Care	3
	Family Caregiving Counseling	3
	In-home aide (homemaker)	3
	In-home aide (personal care)	3
	Respite	3
	Transportation-general	6
	Transportation-medical	3
Nutrition	Home-delivered meals	6
	Nutrition counseling	4
Senior Centers	Senior Centers	4
Health Care	Dental care	5
	Medication management/ counseling	4
	Mental Health Counseling	5
	Primary Health Care	4
Residential Care	CAP/DA	4
	Special Assistance In-home Option	3
Source: Survey conducted by Area Agencies on Aging and their local partners, 2008.		

Supportive Services

- Better transportation system needed—more user-friendly. [New Hanover respondent]
- Limited capacity of transport system. [Brunswick respondent]
- Current transportation services do not provide enough options for older adult needs. [Gaston respondent]
- Greatly needed for me. I have no care and do not drive. No public transportation. A crying need in this community. [Moore respondent]

Nutrition

- More funding and volunteers are needed. [New Hanover respondent]
- Mobile market needed for homebound who cannot go or get to the store. [New Hanover respondent]
- Lack of volunteers. [Brunswick respondent]
- More service delivery options needed to accommodate expanded rural locations. [Gaston respondent]
- Current waiting list due to need for volunteer drivers. [Buncombe respondent]
- We have a waiting list and spend a lot of staff resources trying to recruit and retain volunteers. [Moore respondent]

Senior Centers

- More funding and space are needed. [New Hanover respondent]
- Need more senior centers or community centers that offer more programs appropriate for older adults. [Buncombe respondent]
- Because the county is large, there should be several senior centers in different parts of the county. Central location is reasonable but many seniors live more than 15 miles away so regional meal/exercise sites are needed. [Moore respondents]

Health Care

- More dental care providers needed for Medicaid clients and low-income older adults. Need for greater education and outreach [relative to mental health counseling]. [Gaston respondents]
- Dental care is a very serious void in our area, especially for needy patients. Cost is a primary problem, especially for individuals who don't qualify for Medicaid but who can't afford to pay privately. [Moore respondents]

Residential Care

- Need more funding. [New Hanover respondent]

Generally, while it is possible to identify needed programs and services for the six counties through surveys and the examination of wait list information as is provided for HCCBG and CAP/DA services, it is more difficult to project the cost of meeting these needs. Still, the Division of Aging and Adult Services was able to secure estimates for some services and programs, including the Home and Community Care Block Grant, the State Adult Day Care Fund, the State In-Home Fund, and the Special Assistance In-Home Program. Additionally, the Division of Services for the Blind gave a general projection of the need for additional funding based on expected growth in the number of seniors who are blind or otherwise visually impaired. It identified affordable housing, transportation, and long-term

care facilities as particular concerns, along with the need for specialized services and training.

Observations and Recommendations

While it is hoped that the six counties will find their report useful, it certainly has its limitations and should be considered only as a starting point. Here are some of the limitations that led to the major recommendation for supporting a comprehensive, five-year study of the aging of North Carolina's population. While the report for the comprehensive study was presented to the Aging Legislative Study Commission at its January 2008 meeting, here are some highlights pertinent to addressing the limitations of the six-county study.

Limitations of Six-County Study	Recommendations for Comprehensive Study
Focus on health and human services	While the availability and quality of health and human services is vital to an aging population, it is only one component of what is necessary for a livable and senior-friendly community. The recommended comprehensive aging study would take a broad perspective and tap the information and require the involvement of all relevant stakeholders.
Use of existing data, resources, and information systems	While use of existing data and resources was practical for the purpose of the limited study, it gives only a partial snapshot in content and time. It also does not take into account programs and services that are provided privately without government oversight or funding. An especially large hurdle is easily accessible data from systems that do not interface. The recommended comprehensive aging study would add significantly to what is known about consumer needs, interests, and assets and to what is known about current and projected capacity to respond to an aging population at the local and state levels. The recommended study would also support specialized studies, including one on the implications of in-migrating retirees. The value of this can be seen in the work on later-life migration flows, contributed by the ECU researchers.
Focus on six counties	While the six counties were identified based on one rather interesting demographic phenomenon, they are not necessarily representative of all counties and more importantly, all of NC will soon encounter issues associated with an aging population. Now is the time for a more comprehensive, more systematic approach.

Limitations of Six-County Study	Recommendations for Comprehensive Study
<p>Limited input from consumers, advocates, and local officials</p>	<p>While Area Agencies on Aging effectively led an effort to get input from various local stakeholders through two assessments, cautions must be taken in drawing conclusions based on the number and representativeness of the respondents and the validity of the survey tools used. In addition, only two of the counties—Buncombe and New Hanover—and only two towns in the study areas—Stanley in Gaston and Southern Pines in Moore—responded to the 2005 national Maturing of America survey. The recommended comprehensive aging study would seek input from consumers, advocates, and local officials in a more systematic way and would provide Area Agencies on Aging with greater capacity to assist with this.</p>
<p>Uncertain capacity at the local and state levels to use and follow up on the study's findings</p>	<p>While it is possible that there are sufficient means in each of the six counties to make use of the report's findings, there are also doubts about this. Only two counties appear to have an ongoing local, citizen-driven planning process, and county government and Area Agencies on Aging have limits to what they can currently do to support such a process. The recommended aging study places an emphasis on increasing capacity within counties and Area Agencies on Aging to support meaningful planning, evaluation, and development activities. Equally important, there needs to be a state-level body that enjoys the influence and resources to direct an ongoing means of focusing broad attention on the aging of the state's population. The proposed comprehensive study recommends creation and support of a State Strategic and Steering Team.</p>